

Critical Incident Report Form



SECTION 1: BACKGROUND

Date of Incident:	
Time of Incident:	
Place of Incident:	
Affected Person:	
Contact Number:	
Email:	
Witness:	
Type of Incident:	
<input type="checkbox"/> Disaster – <i>e.g. natural, (fire/flood) physical, (gas leak, burst water main)</i>	
<input type="checkbox"/> Drugs	
<input type="checkbox"/> Sex offence	
<input type="checkbox"/> Serious medical / injury / health emergency	
<input type="checkbox"/> Intruders - <i>ex students, /stalker, break-ins</i>	
<input type="checkbox"/> Police – <i>action taken or likely by Police – attendance, notified by phone, advice sought.</i>	
<input type="checkbox"/> Weapons – <i>describe weapons and method of use (or carried)</i>	
<input type="checkbox"/> Actual physical violence	
<input type="checkbox"/> Threat of physical violence	
<input type="checkbox"/> Other. Please Specify:	

SECTION 2: INCIDENT

Clear Concise Description of the Incident:

SECTION 3: ACTION TAKEN

Clear description of action taken

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SECTION 4: FOLLOW UP (Post Incident)

If any follow up action required or completed post incident

SECTION 5: REPORTING STAFF

Staff Name:		Signature:	
Position/ Title:		Contact No:	
Reported By:		Reported Date:	
Recorded on Risk Register:			